

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1675

State File No. ....

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		0542	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1723 Oneida</u>			
3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>		a. (First)		b. (Middle) <u>RUPPEL</u>		c. (Last) <u>STEINBERG</u>	
4. DATE OF DEATH <u>January 16, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>March 19, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>9</u> DAYS <u>27</u>		11. IF UNDER 1 YEAR Hours <u>27</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home, housekeeper Own home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>Julius Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Helwig</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Steinberg</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Ruppel, Lexington, Mo.</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (c) <u>Diabetes Mellitus</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		21. 260X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		22. I hereby certify that I attended the deceased from <u>15 Jan, 1951</u> , to <u>16 Jan, 1951</u> , that I last saw the deceased alive on <u>16 Jan, 1951</u> , and that death occurred at <u>7:45 AM</u> from the causes and on the date stated above.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
23a. SIGNATURE (Degree or title) <u>Jack P. Miller M.D.</u>				23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>27 Jan 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Jan 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Thurmon E. Eastbrook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. F. Temple, Jr.</u>		ADDRESS <u>Bel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-30-5/  
DISTRICT HEALTH OFFICE No. 3  
District File Number -----  
Date Filed 1-30-5/

Hill

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

-----, Student Embalmer No. -----  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Leungton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.